

Key Population Access to HIV Testing and the Spectrum of Assisted testing in Achieving the First 90

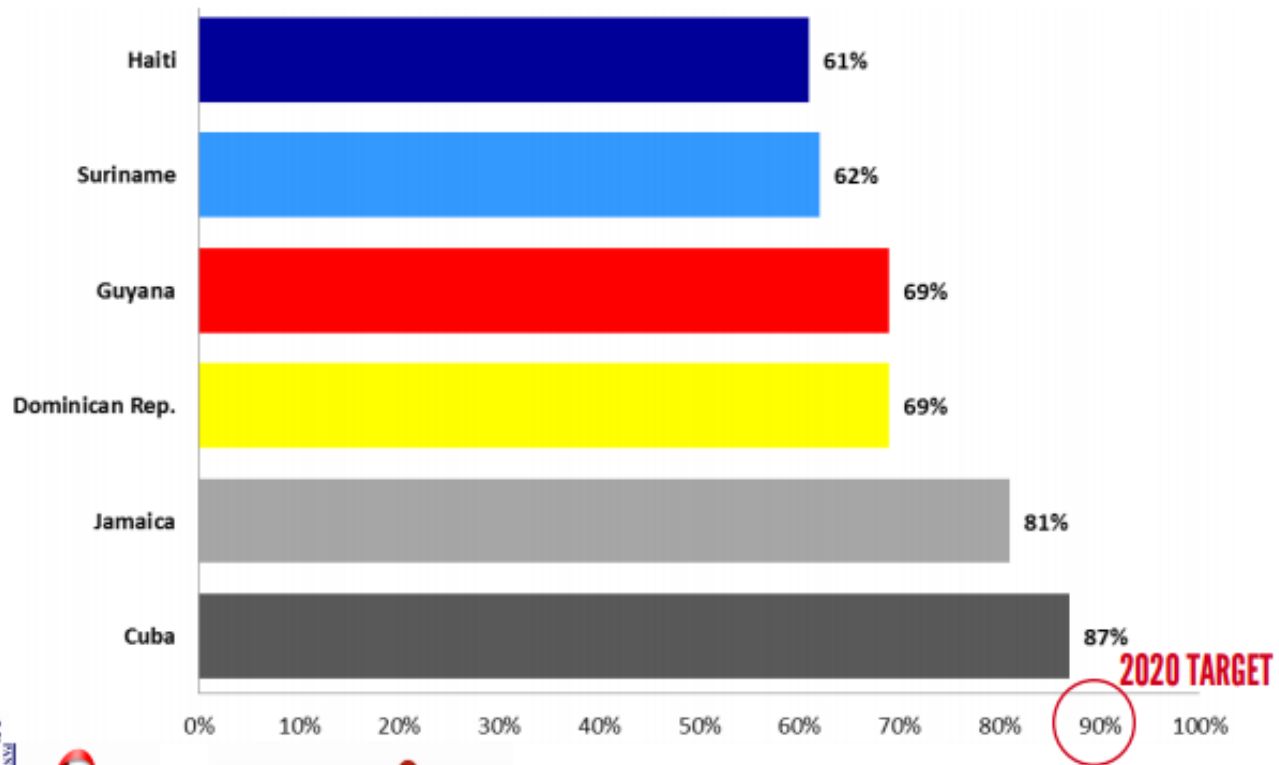
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Technical Director
National AIDS Coordinating
Committee Secretariat
Trinidad

Outline

- Caribbean Testing GAP
- Test and Treat
- Trinidad Experiences
- Spectrum of HIV Testing
- Stigma and Discrimination as a Testing Barrier
- Models to support HIV self Testing
- Civil Society Support of HIV Testing out reach
- Civil Society Support of Linkage to Care
- Other models

Country- specific data on knowledge of HIV status was available for 6 out of the 16 Caribbean countries, which accounted for 93% of people living with HIV in the region in 2016.

Knowledge of HIV Status by Country, 2016

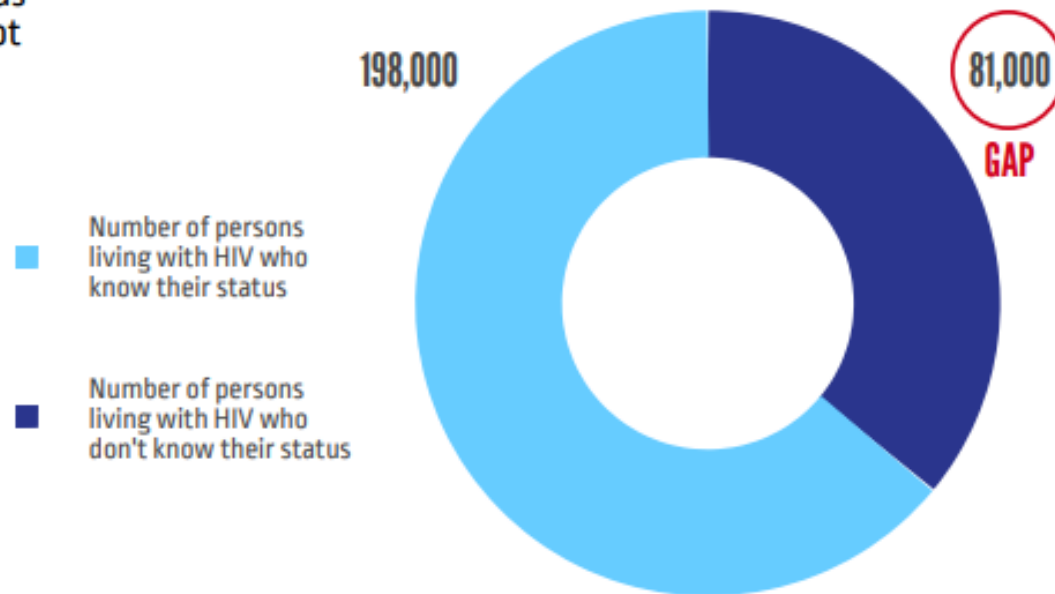


Source: Global AIDS Progress Report 2011-2016 & Global AIDS Update 2016, UNAIDS

The Gap

At the end of 2016, the gap to achieving the First 90 by 2020 in the Caribbean region was 81,000 persons who did not know their HIV status.

The Gap to Reaching the First 90 in the Caribbean

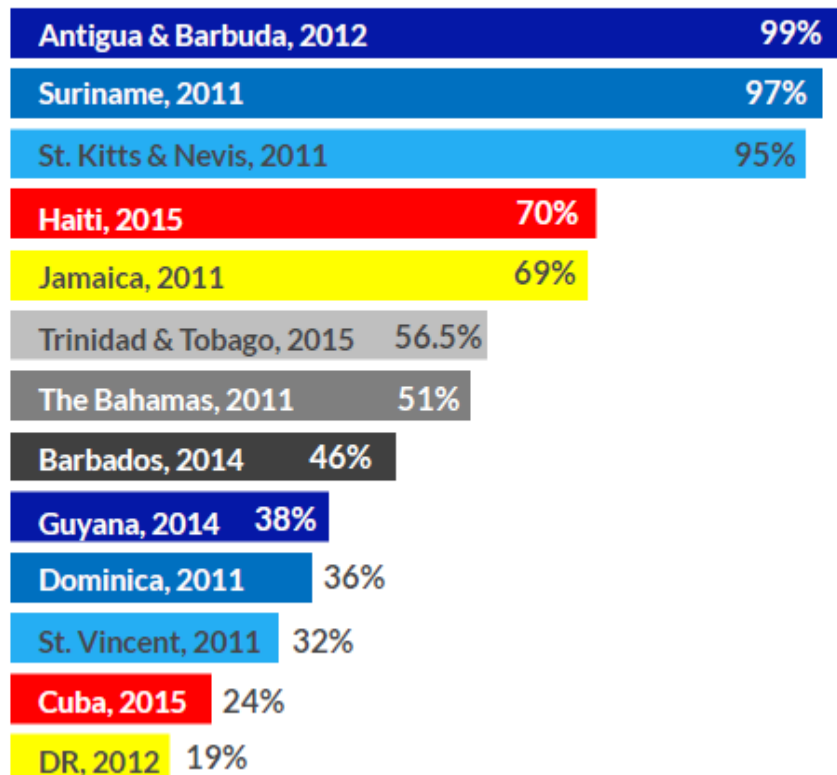


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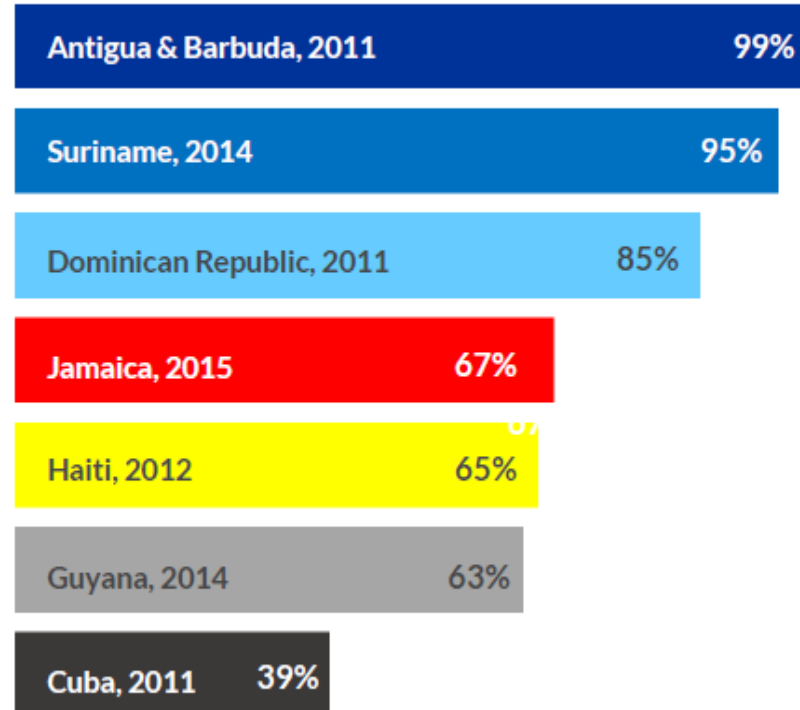


Source: Global AIDS Progress Report 2011-2016 & Global AIDS Update 2016, UNAIDS

HIV Testing in Men who have Sex with Men (MSM)



HIV Testing in Female Commercial Sex Workers (FCSW)



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K4I Health
Knowledge for Health

Populations

- Substance users
- Mental illness*
- Homeless*
- Children
- MSM
- FSW
- Prisoners
- Migrants
- Others populations significantly affected by S&D or Access Limitations

Access to HIV testing

WHERE CAN I GET AN HIV TEST?



Specialist HIV/sexual health services and voluntary counselling and testing (VCT) sites



Youth drop-in centres



Community testing sites in workplaces, schools or religious facilities



Health clinics and hospitals



Family planning or antenatal clinics



Drug and alcohol services

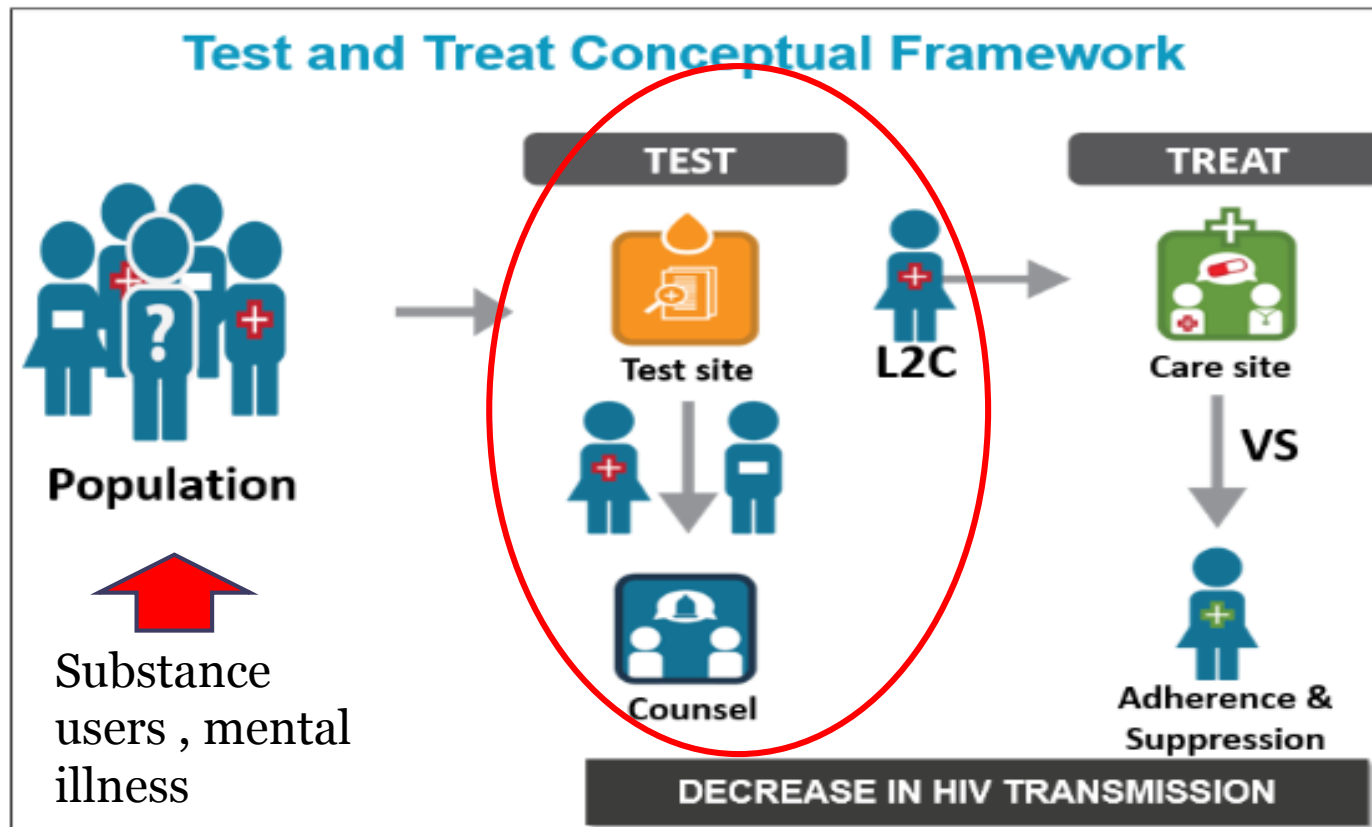


By mail order or online (in some countries!)

Access to testing

- Prevalence of HIV
- Type of HIV Epidemic
- Human Resource and related matters
- System issues related to access

Test and Treat



<https://www.hptn.org/research/studies/hptn065>

Universal Access

- Lab testing
 - Patient-Doctor - lab (ELISA or Rapid testing)
- MOH Community Testing at fixed Rapid testing sites
 - Patient-Doctor - lab
 - Patient-Nurse tester or Nursing assistant tester- rapid test
- MOH lead Roving testing outreach (roving testers and mobile)
 - Patient-Nurse tester or Nursing Assistant –rapid test
 - Patient-Lay tester –rapid test
- NGO STI / SRH site eg FPA
 - Patient-Nurse tester or Nursing assistant –rapid test
 - Patient-Lay tester – rapid test

Universal Access

- Fixed and out reach NGO testing sites
 - Patient – Lay tester – rapid test
- Private Sector
- Patient – Rapid test
 - Patient
 - Patient and Partner* plus support network
 - Patient plus support system (lab , private doctor , NGO lay tester)

Quality Related Issues

Qualifications
:
Certified
Phlebotomist
3 CXC
O'Levels
Certificate in
PITC
Certificate in
Counselling
Certificate in
Rapid HIV
Testing

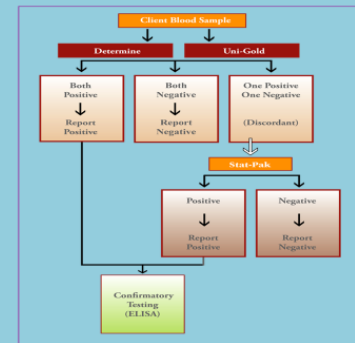
Managed under
outreach team
&/OR Point of
Care Manager

Standardised
reporting



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HIV algorithm



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Quality Issues

Testing Site:

Site prequalification tool

Personnel

Standardized training material
with regular review
Standardized training
PITC/Rapid test training
Certifications

Testing:

Log book
DTS implementation

Positive and negative controls
Confirmation of all positive cases
and one in every ten negatives

Testing Campaigns

- Guidelines for outreach testing
- Outreach vs promotion of fixed testing sites
- Integration of testing with other health and wellness campaigns

Standardized data capture

Training on data capture forms

Audit

24

Linkage to Care

- Patient
- Peer to Peer Model
- Population sensitization of Services
- Hotline and Online directory of services
- Heighten Psychosocial Services at all levels of care

Linkage to care begins outside the clinic and ends inside the clinic . It does stop when the client enters the door.

Private sector



<https://africa.cgtn.com/2017/07/19/uganda-to-introduce-oral-hiv-self-test-kit/>

Insurance Sector



WHO Self Testing guideline



Private Pharmacies

Case Study of a Routine Tester

Interview

- Rumors as driving force
- Had no expectation of a positive test
- Initial reaction – shock, disbelief
- Repeat testing with another home test and eventually a lab that then referred to a doctor and a treatment site



Pharmacy site



Driving factors for self testing

- Novelty
- Concern about status
- Anonymous
- Repeat test as part of denial

In many ways buying an HIV self test in a pharmacy is like buying a condom

Suicide and GBV

- Violence as part of initial diagnosis to self or partner
- Coping factors in natural environment and Stigma
- Factors to influence client positively to not self harm



Last negative test two years prior during pregnancy

Opportunities - Substance Users

The role of the Lab in Risk reduction: Opportunities for screening

- Rapid test
 - Immediate Disclosure of result with support of Peer educator
 - Improved likelihood for linkage to care
- Blood Screen
 - Ability to screen larger groups
 - Migratory population
 - Identification challenges
 - Loss to follow up and challenge with linkage to care and adherence to care



New Recommendations

HIV self-testing should be offered as an additional approach to HIV testing services

(strong recommendation, moderate quality evidence)

Voluntary assisted partner notification services should be offered as part of a comprehensive package of testing and care offered to people with HIV

(strong recommendation, moderate quality evidence).

Summary of Values & Preferences

- **HIVST is highly acceptable among many different groups and across different settings** – but some concern about potential lack of counselling and support, accuracy of test results, and related costs
- **Individuals surveyed about HIVST had concerns about possible harm, but most had not self-tested, and concerns were not founded in evidence** –despite concern most still found HIVST acceptable
- **Many users prefer oral HIVST (e.g. painless)** – but many studies did not inform respondents about performance.
 - Some studies show when participants are informed they may actually prefer fingerprick/whole blood-based HIVST.
- **Preferences across service delivery approaches vary**
 - Key populations, in particular, reported preferences for pharmacies, the Internet, and over-the-counter approaches more appealing because they are more discreet and private



Directly assisted HIV self-testing

HIV/AIDS Department



Trained peer or health worker could provide a brief demonstration on how to use the kit and how to interpret results

- Provide face-to-face assistance during self-testing (optional)
- **Instruction-for-use &/or included in the kit:**
 - Pictorial/written
 - Including a hotline number or a link to a video
 - Multimedia instructions (tablet)
 - Remote support via SMS, QR code or mobile messaging applications

Unassisted HIV self-testing

Instruction-for-use included in the kit:

- Pictorial/written
- Including a hotline number or a link to a video
- Multimedia instructions (tablet)
- Remote support via SMS, QR code or mobile messaging applications
- Package inserts included in the kit



RECOMMENDATIONS

Several recommendations emerged during the course of the three day workshop, pointing to collective vision for the way forward for the local HIV Combination Prevention and a strategic response. These proposals were structured into the sub-theme areas of the Consultation:

- **Behavioural interventions**
- **Biomedical Interventions**
- **Structural Interventions**

Image: advert.org/node/371/pdf.

Effective HIV prevention programmes require a combination of behavioural, biomedical and structural interventions



©

HIV TESTING SERVICES



Formula for increased testing:

- Choose wisely –select and train lay providers well-matched to clientele;
- Having a quality assurance

Outcome of Discussion : Train community partners to deliver quality and reliable Testing including Assisted Self Testing.

- Increased testing could be reached range of outreach such as adopting testing & community-based testing, this will allow community groups to mobilise and motivate their target populations to get tested.

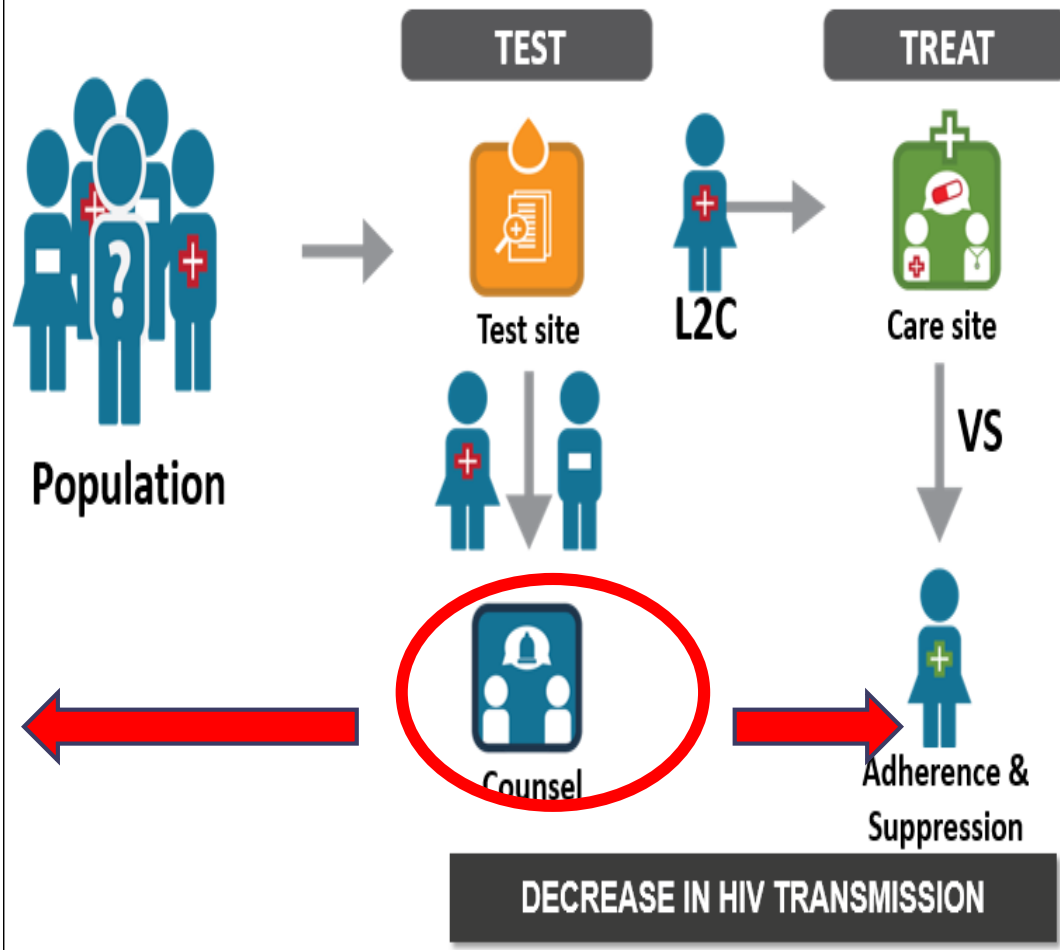
Offered as an additional approach to HIV testing services.

Key messages for users and implementers

- Use of approved HIV RDT for self-testing, either by national or international authority
- Use HIVST kits with **appropriate, validated, clear and concise instructions for use** – *demonstrations and support tools may be particularly useful for rural populations and those with low levels of education and literacy*
- Clearly state reactive results need further testing, **provide information on what to do after a reactive self-test result**
- Make sure **pre-test information and post-test counselling messages** are accessible and available to all self-testers – and that health workers and providers are trained to deliver these messages
- **Integrate** HIVST into comprehensive sexual health service programmes and provide messages and information on tuberculosis, STIs and viral hepatitis.



Test and Treat Conceptual Framework



Thank you

Linkage to Care Systems

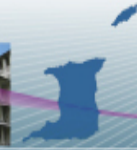
- Electronic
- Campaign
- Peer to Peer



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Public Advisory: HIV Home Testing Kits

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Monday, November 28, 2016

Port-of-Spain, November 28th, 2016:

The Ministry of Health is aware of the availability of HIV home testing kits in Trinidad and Tobago. The Ministry wishes to advise members of the public who have concerns about their HIV status to get tested at a quality assured Ministry of Health testing site.

Persons using home kits not reviewed and approved by the Ministry may lead to self diagnosis outside of a supportive environment where they can be linked to clinical services for follow up care for themselves or those that they care about.

The Ministry of Health reiterates, that if you have concerns about your HIV status, please present yourself to a quality assured Ministry of Health testing site for further evaluation.

For information on testing locations, persons may contact the HIV/AIDS Coordinating Unit at (868) 624-0116 / (868) 627-2004.

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